

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005588 (8)

1. Corporation Name

LAKESIDE HOMEOWNERS' ASSOCIATION OF TALLAHASSEE, INC.

FILED
97 APR 30 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

431 WAVERLY ROAD
TALLAHASSEE FL 32312

431 WAVERLY ROAD
TALLAHASSEE FL 32312-2856

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3280342

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACS, DAN LEE
431 WAVERLY ROAD
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000002158940--1

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84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME COWAN, CHESTER
STREET ADDRESS 4425 COOL VIEW DRIVE
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE Change Addition
1.2 NAME John Murphy
1.3 STREET ADDRESS 4235 Little Osprey
1.4 CITY-ST-ZIP Tall FL 32303

TITLE ~~VPO~~ P D DELETE
NAME COHEN, DON
STREET ADDRESS 4281 LITTLE OSPREY
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~DB~~ VP D DELETE
NAME LANGSTON, MARK
STREET ADDRESS 4339 COOL VIEW DRIVE
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME MONTGOMERY, LISA
STREET ADDRESS 4408 COOL EMERALD DRIVE
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SC DELETE
NAME WARRELL, DAVID
STREET ADDRESS 4392 COOL EMERALD DRIVE
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME MWB
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Don Cohen

Date

Daytime Phone #0008426

CR2E037 (9/96)